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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/976,685 10/11/2001 PAT 6,743,256
 which claims benefit of 60/239,368 10/11/2000 *OK AR*

** FOREIGN APPLICATIONS ***** *None AR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/16/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Anatoli Kamenov</i> <i>PK</i> Examiner's Signature Initials	MA	7	5	1

ADDRESS

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TITLE

Method for graftless spinal fusion

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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